



## Pharmacy Benefit Manager (PBM) Initial License Application

### Section 1. Applicant Demographic Information:

Exact Legal Name of Applicant:	FEIN/SSN:
DBAs or Other Names Used by Applicant:	
Name of Primary Contact for PBM:	Primary Contact Email:
Primary Contact Title:	Primary Contact Direct Telephone:
Does the PBM hold any other licenses in Alabama? (if yes, list all other license types, attaching additional sheets if necessary)	
Name of PBM's Parent Company (if applicable):	

### Applicant's agent for service of process in Alabama:

Name:	Title:
Direct Telephone:	Contact Email:
Mailing Address:	

## Section 2. Organization Structure:

A PBM applicant that is a partnership or other unincorporated association, limited liability company, or corporation must complete the following section:

Specify legal structure of applicant:	
Provide total number of partners, members or stockholders who, directly or indirectly, own, control, hold with the power to vote or hold proxies representing 10% or more of the voting securities of any other person.	
A copy of the basic organizational document of the PBM, such as the articles of incorporation, articles of association, partnership agreement, trust agreement or other applicable documents, and all amendments thereto.	
*By submitting this application, the PBM agrees that, upon request by the Department, the PBM will provide information regarding the name, address, usual occupation and professional qualifications of any other partners, members or stockholders who, directly or indirectly, own, control, hold with the power to vote, or hold proxies representing 10% or more of the voting securities of any other person.	

*The following section must be completed in its entirety, failure to do so will result in an incomplete application.*

## Section 3. Attestations:

I, the undersigned, do hereby swear or affirm under oath that the information submitted in this application is true and accurate to the best of my knowledge and belief. If there is any material modification of this information, a notice will be filed with the Department.

Print Name of Officer or Authorized Representative:	Date:
Signature:	Title:

I, the undersigned, do hereby swear or affirm under oath that the entity applying for licensure as a PBM is in compliance with Section 27-45A-1 et. Seq. of the Code of Alabama 1975, as amended and any related regulations or rules adopted by the Commissioner and in effect at the time of application.

Print Name of Officer or Authorized Representative:	Date:
Signature:	Title:

## Section 4. Filing:

A nonrefundable fee of \$500 is due at the time of filing. Failure to remit the fee will result in an incomplete application. Applications and fees are to be mailed to:

Alabama Department of Insurance  
Attn: Examination Division  
Post Office Box 303351  
Montgomery, AL 36130-3351